

Printed 11/2/98

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART U.S.	ATTORNEY DOCKET NO.
09/038,261	03/10/1998	536	1642	30435.54USU1

APPLICANT

ROBERT E RIETER, LOS ANGELES, CALIFORNIA; OWEN N WITTE, SHERMAN OAKS, CALIFORNIA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION 60/071,141 01/12/1998

LRN

PROVISIONAL 60/074,678 2/13/98

PROVISIONAL 08/814,279 3/10/97

371 (NAT'L STAGE) DATA***

VERIFIED

LRN

NOTE

FOREIGN APPLICATIONS***

VERIFIED

LRN

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>LRN</u> Examiner's Name Initials	CA	16	45	5

ADDRESS

MANDEL AND ADRIANO
35 N ARROYO PARKWAY, SUITE 60
PASADENA, CA 91103

TITLE

PSCA: PROSTATE STEM CELL ANTIGEN

FILING FEE RECEIVED \$**952	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENT
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20503
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 80:

SERIAL NUMBER 09/038,261	FILING DATE 03/10/1998 RULE	CLASS 536	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 30435.54USU1
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APPLICANTS

ROBERT E. REITER, LOS ANGELES, CA;
OWEN N. WITTE, SHERMAN OAKS, CA;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/071,141 01/12/1998
WHICH CLAIMS BENEFIT OF 60/074,675 02/13/1998
WHICH IS A CON OF 08/814,278 03/10/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 04/01/1998

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 45	INDEPEND. CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

PSCA: PROSTATE STEM CELL ANTIGEN

FILING FEE RECEIVED
952

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. o time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit